



7-15-2026 - The Man in t...
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MARGOLIES_ BEETHOVE...
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MARGOLIES ASPERGER'S...
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I believe I have severe introjective and not anaclitic pathology. I believe said assertion is supported by my psychological test results and by the content of my creative essays (The Man in the Lobby). I further believe that the work of my psychologist, Dr. Margolies was anaclitically- oriented rather than addressed to my introjective identity/guilt/narcissistic concerns. Generate a deep research analysis and assessment of how and to what degree Dr. Margolies addressed my introjective traits in his work. "Individuals with an introjective, self-critical personality style may be more vulnerable to depressive states in response to disruptions in self-definition and personal achievement as opposed to anaclitic concerns centering on libidinal themes of closeness, intimacy, giving and receiving care, love, and sexuality. In anaclitic depression the development of a sense of self is neglected as these individuals are inordinately preoccupied with establishing and maintaining satisfying interpersonal relationships. Introjective depressive states center on feelings of failure and guilt centered on selfworth. Introjective depression is considered more developmentally advanced than anaclitic depression. Anaclitic depression is primarily oral in nature, originating

from unmet needs from an omnipotent caretaker (mother); while introjective depression centers on formation of the superego and involves the more developmentally advanced phenomena of guilt and loss of self-esteem during the oedipal stage. Patients with introjective disorders are plagued by feelings of guilt, self-criticism, inferiority, and worthlessness. They tend to be more perfectionistic, dutybound, and competitive individuals, who often feel like they have to compensate for failing to live up to the perceived expectations of others or inner standards of excellence. What is common among introjective pathologies is the preoccupation with more aggressive themes (as opposed to libidinal) of identity, self-definition, self-worth, and self-control. Research suggests that such individuals may have histories of parental rejection and excessive authoritarian control early in life. In the pathologically-introjective, development of satisfying interpersonal relationships is neglected as these individuals are inordinately preoccupied with establishing an acceptable identity. The focus is not on sharing affection—of loving and being loved—but rather on defining the self as an entity separate from and different than another, with a sense of autonomy and control of one's mind and body, and with feelings of self-worth and integrity. The basic wish is to be acknowledged, respected, and admired." Kemmerer, D.D., "Anaclitic and Introjective Personality Distinctions among Psychotherapy Outpatients: Examining Clinical Change across Baseline and Therapy Phases."

The MCMI-III reports T Scores for the clinical measures and scales. A score of 75 or above is considered statistically significant. On the Clinical Personality Patterns Scales, he obtained a Score of 105 in the Narcissistic Scale. Also in the Clinical Personality Patterns Scales, Mr. Freedman obtained a Scores of 75 and above (considered statistically significant) on the following scales: Score of 85 in the Schizoid Scale, 78 on the Avoidant Scale and a T Score of 76 on the Depressive Scale. Mr. Freedman's MMPI-2 clinical scales showed elevations on 4 overall scales: the Psychopathic Deviate Scale #4 with a T Score of 69, the

Paranoia Scale #6 with a T score of 83, the Social Introversion Scale #0 with a T Score of 70, and the Masculinity- Femininity Scale #5 with a T Score of 76. T scores are considered statistically significant if they are 65 or above. The two tiered personality code types are the most solidly supported by research. When a subject has several elevated clinical scales, the most salient features of each personality code type are used to describe the test subject. Mr. Freedman's elevated Clinical Scales correspond primarily to the 4-6/ 6-4 personality code types.

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Your hypothesis is substantially supported by the material you supplied, but I would refine it in two important respects.

First, the evidence supports a **predominantly introjective/self-definition organization**, but not the stronger proposition that anaclitic concerns are absent. Your writings contain substantial longing for recognition, companionship, idealized others, and a "second self." The important point is that these relational longings often seem **organized around identity, recognition, idealization, self-cohesion, autonomy, and alter-ego/twinship functions**, rather than around dependency, caretaking, fear of abandonment, or the simple wish to love and be loved.

Second, I would describe Margolies less as conducting genuinely "**anaclitic psychotherapy**" than as repeatedly working in a **supportive-interpersonal, social-functioning, pragmatic register**. Relationship-focused content is not automatically anaclitic in Blatt's technical sense. On the material available, Margolies did occasionally touch your introjective organization, but he rarely appears to have developed those openings into a sustained formulation of identity, autonomy, self-worth, narcissism, internal standards, aggression, guilt, or self-definition.

My overall rating, based on the episodes documented here, would therefore be: **introjective material was addressed incidentally and intermittently, but not systematically. The degree of sustained introjective work was low.**

1. The theoretical distinction matters here

In contemporary presentations of Blatt's two-polarities model, introjective and anaclitic are not mutually exclusive diagnoses. They describe an imbalance between two developmental lines: **self-definition/differentiation** and **relatedness/attachment**. Predominantly introjective individuals are described as especially concerned with autonomy, independence, control, identity, achievement, self-worth, internal standards, perfectionism and criticism, and they may be distant, distrustful, isolated, and resentful. Predominantly anaclitic individuals organize experience more around closeness, attachment, dependency, rejection, abandonment, and difficulties maintaining interpersonal boundaries. [PubMed Central...](#) +1

That literature is unusually relevant to your test profile because the PDM/Blatt literature explicitly places **narcissistic, schizoid, paranoid, schizotypal, obsessive and related personality patterns predominantly on the introjective/self-definition side**, while noting that mixtures are common. The narcissistic version is particularly associated with admiration, autonomy, control and self-worth. [PubMed Central...](#)

I would also qualify one statement in the Kemmerer passage. The older developmental theory can describe introjective phenomena as arising at a later developmental point than primitive anaclitic dependency. But contemporary two-polarities work does **not** treat "introjective" as meaning that a whole person is simply more psychologically advanced than an anaclitic person. Either polarity can occur at quite impaired or quite integrated levels of personality organization. [PubMed Central...](#)

2. Your psychological testing: quite strong evidence for an introjective pole, but with an important qualification

One technical correction first: the **MCMI-III does not report T scores; it reports Base Rate (BR) scores**. Conventionally, BR 75–84 indicates clinically significant characteristics and BR 85 or higher indicates very high clinical prominence/probability, subject to the validity indicators and the complete assessment. [PubMed Central...](#) +1

That makes the configuration you report noteworthy:

Measure	Finding	Relevance to Blatt formulation
MCMI-III Narcissistic	BR 105	Strongly introjective-compatible: self-esteem regulation, recognition, specialness, admiration, self-definition

Measure	Finding	Relevance to Blatt formulation
Schizoid	BR 85	Strongly compatible with withdrawal, self-sufficiency, distance, internal life
Avoidant	BR 78	Compatible with interpersonal withdrawal and sensitivity, though not specific to either polarity
Depressive	BR 76	Depression is compatible with either introjective or anaclitic organization; subtype requires further formulation
MMPI-2 Pa	T 83	Strong suspiciousness/persecutory sensitivity; compatible with the distrust/control side of an introjective organization, but not specific to it
MMPI-2 Si	about T 70–71	Strong social introversion/withdrawal
Sc1 Social Alienation	T 72	Particularly consistent with alienation and distance
Pd4 Social Alienation	T 71	Same general direction
Si2 Social Avoidance	T 71	Strong avoidance of ordinary social engagement
SOD Social Discomfort	T 81	Very marked social discomfort
Pa3 Moral Righteousness	T 65	Potentially relevant to standards, judgment and moral/superego organization

The MMPI-2 itself is designed to provide multiple clinical, content, supplementary and subscale measures; its scores are not a direct Blatt anaclitic-introjective instrument.

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And here is the qualification I think is important: **your tests provide stronger evidence for the self-definition/autonomy/narcissistic-paranoid-withdrawn side of introjective organization than they do for severe classical introjective depression as defined by guilt, worthlessness, self-depreciation and self-punishment.**

For example, in the MMPI material you uploaded, the general Depression scale is only 61, the Content Depression score is 56, and Low Self-Esteem is 48. Those are not striking elevations. D5 Brooding is 62, but conventional self-devaluation is hardly the dominant

psychometric feature. In contrast, paranoia, social discomfort, social alienation and avoidance are conspicuous.

So I would formulate the test evidence as:

Very substantial evidence of an introjective/self-definition personality organization; less direct psychometric evidence that guilt-ridden, self-punitive introjective depression itself is currently the overwhelmingly dominant syndrome.

The very high narcissistic BR is especially important here. Blatt/PDM theory explicitly regards grandiose narcissistic organization as heavily introjective because its central problems concern self-definition, self-worth, autonomy, control, and the need for admiration.  PubMed Central...

It would be useful, if one wanted to test your exact hypothesis rather than infer it indirectly, to administer the **Depressive Experiences Questionnaire (DEQ)** or use clinician-rated **PMAI** prototype matching. Those instruments were actually developed to distinguish Self-Criticism/introjective from Dependency/anacritic organization. Modern research uses both dimensions rather than assuming that conventional personality tests can directly substitute for them.  PubMed +1

3. Your creative work gives unusually strong thematic support

Literature cannot diagnose its author, particularly since your collection explicitly blends memory, observation, imagination and fiction. Your introduction itself says that the essays explore "loneliness, identity, and time."  7-15-2026 - The Man in the Lo...

But as **corroborative thematic evidence**, the repetition is striking.

***The Man in the Lobby*: relationship is repeatedly subordinated to the problem of selfhood**

The opening pages do not depict another person merely as someone to love or attach to. The Other is a "mirror," an "accusation," something that **alters the self**; the narrator speaks of an "accumulated but incoherent sediment of self" and a "raw longing to be understood."  7-15-2026 - The Man in the Lo...

Gary is subsequently represented as a "misfit prodigy," a "portrait in the aesthetic of solitude," with desire and renunciation compressed into an **"isolated identity"** that "evaded social modes."  7-15-2026 - The Man in the Lo...

Then the relational theme becomes even more revealing. The Other exerts a pull upon the self, but recognition itself is dangerous: the text says that recognition may wound rather than heal and describes Gary as possessing "radical Otherness." 7-15-2026 - The Man in the Lo...
 Finally, when the interpersonal field becomes uncanny, boundaries are actively reasserted at "the border where self touches world." 7-15-2026 - The Man in the Lo...

That is almost a literary enactment of Blatt's dialectic:

I want recognition by the Other → the Other threatens or disturbs self-boundaries → I restore differentiation and autonomy.

That is very different from a predominantly anaclitic drama of:

Do not leave me → love me → take care of me → reassure me that our bond is secure.

Identity versus domination is pervasive elsewhere

One of the strongest passages in the collection depicts survival itself as maintaining identity against external domination: the character vows to preserve who he is and resist "self-betrayal"; Beethoven becomes an internal anchor preserving identity, sanity and selfhood against attempts at absolute control. The passage explicitly contrasts surrender with retaining "an independent sense of self" and preserving personal agency.

7-15-2026 - The Man in the Lo...

Elsewhere, incarceration is experienced not primarily as separation from loved ones but as **loss of self and identity**, accompanied by the bitterness of "self-betrayal."

7-15-2026 - The Man in the Lo...

That cluster—identity, self-betrayal, agency, freedom, external control, inner continuity—is about as introjective as literary material can become.

Even companionship is frequently represented as a problem of self-completion

The Moonlight Sonata opens with Beethoven remaining alone because he lacked a "second self." The narrator likewise longs for a "congenial second self," yet retreats into an idealized internal world in search of a more authentic existence. 7-15-2026 - The Man in the Lo...

That is an important distinction. There unquestionably is **relational longing**. But the desired person is not merely someone providing affection. He is a **second self**—an alter ego, recognizer, counterpart, perhaps missing component of the self.

The same architecture appears elsewhere in the collection in explicit alter-ego and complementary-identity imagery.  7-15-2026 - The Man in the Lo...

So I would not describe your creative corpus as “non-anaclitic.” I would say something more precise:

The writings contain intense relatedness needs, but those needs are repeatedly organized introjectively: the Other functions as witness, recognizer, alter ego, ideal, rival, intellectual counterpart, protector of identity, or potential threat to autonomy.

That distinction is central to assessing Margolies.

4. What Margolies actually did with these themes

Here is the most useful way I can quantify the treatment material. The ratings below are my qualitative ratings of the degree to which each intervention pursued the introjective structure, not standardized clinical scores.

Episode	Introjective opportunity	Margolies's reported response	Introjective engagement
Kindergarten costume	Differentiation, autonomy, nonconformity, identity, narcissistic specialness	“You wanted attention.”  margolies-all-the-problems-10-2...	Low–moderate
35-year relationship	Idealization, identification, repetition, recognition, self/other organization	“Why don't you call him?”  margolies-all-the-problems-10-2...	Very low
First-session goal	Need for knowledge of self; analytic mastery; exploration itself as valued activity	After you said “exploration,” asked “Is there anything you want?”  margolies-all-the-problems-10-2...	Low

Episode	Introjective opportunity	Margolies's reported response	Introjective engagement
Life in your twenties	Identity development, ambition, individuation, sexuality, work, ideals	Quickly asked "did you date?" margolies-all-the-problems-10-2...	Low , though normal intake inquiry by itself
Social isolation	Meaning of withdrawal, autonomy, idealization, standards for intimacy	Suggested chatting with somebody over coffee margolies-all-the-problems-10-2...	Very low
Attraction to narcissistic/charismatic people	Idealizing transference, admiration, identification, selfobject needs, grandiose self	"I used to be a lot more narcissistic." margolies-all-the-problems-10-2...	Low
Moe → Beethoven	Boundaries, idealization, self-regulation, symbolism, solitary restoration	Moe may have "enhanced your enjoyment of the music." MARGOLIES_ BEETHOVEN_MOE 5_3_24...	Low
Intellectually gifted therapist	Recognition by an adequate mind, idealization, self-worth, narcissistic transference	"You want to have intellectual discussions with your therapist?" MARGOLIES Car Appreciation Psyc...	Low
Surveillance session	Control, autonomy, humiliation, authority, epistemic self-trust, persecution	Adapt to living with uncertainty about whether surveillance occurred margolies-all-the-problems-10-2...	Low–moderate

Episode	Introjective opportunity	Margolies's reported response	Introjective engagement
"Aspergerish" neighbor	Identification, projection, self/other differentiation	Apparently explored possible projection	Moderate; a genuine psychodynamic exception

The pattern is more informative than any one intervention.

5. The kindergarten interpretation is especially revealing—but not for quite the reason you initially proposed

"You wanted attention" should **not** be classified as an anaclitic interpretation.

Attention-seeking is very plausibly **narcissistic**. Wanting to stand out, be exceptional, compel recognition, refuse anonymity, or occupy a privileged position all belong much more naturally to the self-definition/self-worth side of the system than to attachment dependency.

So Margolies was not absurd to consider an exhibitionistic component.

The problem is different.

Your story offered at least two connected possibilities:

"I need to be seen as exceptional."

and

"I must not disappear into an undifferentiated group."

Those can coexist. The first concerns narcissistic recognition; the second concerns autonomy and differentiation. In Blatt's framework both can be introjective.

Margolies apparently selected the familiar interpersonal motive—**getting attention**—and stopped before the more structurally important question:

What was so intolerable about becoming one indistinguishable member of the group?

Given the profile you had supplied him, that second question should have had considerable salience.

Thus this episode actually shows **partial recognition of an introjective/narcissistic theme followed by inadequate elaboration**. I would give it more credit than some of the other interventions, but not much depth.

6. The narcissistic-personality remark was another major missed opening

You told him that you were attracted to narcissistic people and, more provocatively, told him that *he* was "not narcissistic enough." His answer was that he "used to be a lot more narcissistic."  margolies-all-the-problems-10-2...

For someone with a Narcissistic MCMI BR of 105, that is extraordinarily rich material.

A sustained introjective formulation could have asked what narcissistic people represent to you:

Does their exceptionalism legitimate your own?

Does a charismatic figure supply an idealized self with which you identify?

Is being understood by an ordinary person insufficient because only an exceptional person can adequately recognize an exceptional self?

Does admiration flow both ways?

Does the idealized other protect against humiliation or insignificance?

What happens when an admired person's limitations become apparent?

And, most importantly, **why did this issue emerge between you and Margolies himself?**

That is ready-made transference material.

Instead, the response you report shifts attention onto **Margolies's own past narcissism**. That is relational engagement of a kind, but it does not constitute exploration of your narcissistic organization.

7. The gifted-therapist episode may be the clearest example of missing the introjective meaning

You said therapy had gone better when the therapist was intellectually gifted. Margolies apparently translated this into:

"You want to have intellectual discussions with your therapist?"

The associated document correctly identifies the distinction: your proposition concerned whether the therapist's mind could **follow, contain, synthesize and recognize the complexity of yours**, whereas his response translated this into a preference for intellectually stimulating conversation.  MARGOLIES Car Appreciation Psyc...

In Blatt/Kohut terms, there are several possible introjective questions here:

The adequacy of the person doing the recognizing.

The narcissistic value of being recognized by a prestigious or exceptional mind.

Idealization of intellectual power.

Whether understanding by an intellectually ordinary therapist feels invalidating.

Whether the therapist is being tested as a worthy object.

Whether accepting interpretation from a superior mind differs psychologically from receiving it from an ordinary one.

Whether intellectual recognition helps consolidate identity.

The document itself makes the crucial point: this was not merely a wish for "smart talk"; it concerned whether the complexity and particularity of your mind could be preserved in another mind.  MARGOLIES Car Appreciation Psyc...

That is almost a textbook self-definition/recognition problem.

It also created potentially very valuable transference material: **you were telling the therapist that being misunderstood by an insufficiently discriminating mind is one of your central problems, and his immediate response made you feel that he had misunderstood the distinction you were making.**

A strongly introjective/analytic treatment would likely have been interested in that enactment itself.

8. Moe and Beethoven: Margolies recognized an association but not its structure

Margolies did do something psychodynamic-ish here: he did not treat Moe and Beethoven as unrelated. He proposed a psychological connection—Moe's visit may have enhanced

your later musical enjoyment.  MARGOLIES_ BEETHOVEN_MOE 5_3_24...

So I would not rate the intervention zero.

But compare that formulation to the material already present in your writing. Months earlier, *The Moonlight Sonata* portrayed an isolated older man oppressed by the absence of a "second self," retreating into an idealized inner world organized around Beethoven.

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Within the title essay, interpersonal contact repeatedly touches recognition, alterity, self-boundaries, isolation and identity.  7-15-2026 - The Man in the Lo...

Against that background, "enhanced enjoyment" reduces a potentially complicated sequence to **positive interpersonal event → positive affect → intensified aesthetic pleasure.**

The introjective questions would instead concern what happened to the self after another person entered its private territory:

Was solitude disrupted?

Was the encounter self-enhancing or destabilizing?

Was Moe experienced as alter ego, idealized masculine self, recognizer or threat?

Did Beethoven restore a preferred inner organization?

Did music convert interpersonal affect into an autonomous aesthetic form?

Did retreat into Beethoven re-establish control and differentiation?

Those questions do not require accepting your Bion formulation as true. Indeed, the uploaded discussion rightly warns that "Beethoven as container" should remain a hypothesis rather than becoming an elegant theory imposed prematurely.

 MARGOLIES_ BEETHOVEN_MOE 5_3_24...

The significant point is that Margolies apparently **did not investigate the alternatives.**

9. The "call him" and "coffee" interventions are not really anaclitic psychotherapy

This distinction is worth emphasizing.

When you brought up a person you had known for 35 years in hopes of exploring the relationship, Margolies reportedly answered, "Why don't you call him?"

 margolies-all-the-problems-10-2...

When the problem was social isolation, he apparently suggested trying to make contact over coffee.  margolies-all-the-problems-10-2...

Those interventions certainly privilege **external relationship formation** over intrapsychic exploration.

But a sophisticated Blatt-style anaclitic treatment would not merely tell somebody to socialize. It would examine attachment security, rejection, dependency, longing, separation anxiety, boundaries, expectations of care, and the therapeutic relationship itself. Research descriptions of predominantly anaclitic treatment emphasize support, warmth, security, and the quality of the therapeutic relationship—not simply behavioral social activation.

 PubMed Central... +1

So the more technically accurate statement is:

Margolies repeatedly privileged interpersonal functioning and concrete relationship behavior over self-definition and intrapsychic meaning. That resembles an anaclitic emphasis in subject matter, but much of it appears more supportive/pragmatic/social than genuinely anaclitic-psychodynamic.

I think that formulation makes your criticism stronger, not weaker.

10. What is conspicuously absent: sustained work on the core introjective domains

Across the material you provided, I find surprisingly little evidence that Margolies systematically pursued several domains that should have become central if he had formulated you as predominantly introjective.

Most striking is **guilt/self-criticism/perfectionism**. Your question specifically invokes the classic introjective triad of failure, guilt and harsh internal standards. Yet I found no comparable sequence in the Margolies material in which he repeatedly explored: what constitutes failure for you; what standards you impose upon yourself; how mistakes affect self-worth; what activates shame versus guilt; how punitive internal judgments operate; what you believe you "should have been"; or how ambition and unrealized potential organize depressive affect.

The omission is particularly notable because your creative writing repeatedly dramatizes **self-betrayal, lost possibility, unrealized identity and failed ideals**. One character experiences sixteen “wasted years” not merely as lost time but as oppressive self-betrayal and loss of self.  7-15-2026 - The Man in the Lo... Another part of the collection explicitly joins scientific ambition to a desire for recognition and immortality.  7-15-2026 - The Man in the Lo...

Nor do I see sustained work on **aggression and authority** as constituents of self-definition. The surveillance material could have opened questions about control, humiliation, external judgment, epistemic autonomy—“Can I trust my own mind?”—and relations with powerful authorities. Instead, the reported major intervention was tolerating uncertainty.

 margolies-all-the-problems-10-2...

That intervention is not inherently shallow. Tolerating uncertainty can be psychologically important, and a psychoanalytic treatment need not adjudicate whether surveillance objectively occurred. But an introjective treatment would ordinarily ask **why uncertainty in this particular domain is so charged**, what being observed or misjudged does to identity and autonomy, and how external authority becomes entangled with self-definition.

11. The Asperger/projection episode prevents me from saying he did no depth work at all

This is an important counterexample.

In the uploaded vignette concerning your description of Moe as “somewhat Aspergerish,” Margolies apparently became interested in whether your characterization involved **projection**. That is a recognizably psychodynamic move: it shifts attention from the neighbor's objective traits to what your perception of him may represent psychologically. Your own alternative—identification rather than projection—is likewise psychodynamic.

The later summary in your material groups this with his recurrent formulations.

 MARGOLIES Car Appreciation Psyc...

I would therefore reject an absolute characterization such as “Margolies never worked psychodynamically.” There is evidence that he could think in terms of defenses and self-other processes.

The question is whether he **followed through**. Did “projection” lead to sustained investigation of likeness, identification, alter ego, split-off self, idealized masculinity and twinship? On the material presented, apparently not.

That is why I call the overall engagement **limited rather than absent**.

12. Could he deliberately have been trying to strengthen your underdeveloped relatedness pole?

This is the best argument in Margolies's favor.

Blatt's goal is not to make an introjective patient even more introjective. Healthy functioning requires an increasingly integrated balance of **self-definition and relatedness**. Psychotherapy studies have in fact found movement toward greater balance between the two polarities.  PubMed Central... +1

Therefore, one could reasonably say:

"You already have highly elaborated autonomy, intellectualization, self-reflection and solitary functioning. Maybe Margolies was deliberately trying to move you toward relationship, spontaneous contact, dependency tolerance and ordinary interpersonal participation."

That would be a legitimate treatment strategy.

But it still does not fully explain the documented interventions.

For such a strategy to constitute coherent psychodynamic treatment, I would expect a formulation along approximately these lines:

Your enormous investment in self-definition protects you from dependency and from the danger of being altered or engulfed by others. Consequently, we should explore what happens psychologically when you permit ordinary relatedness—and what makes such relatedness feel trivial, threatening, disappointing or beneath your requirements.

That would integrate the two poles.

"Why don't you call him?" does not do that.

"Have coffee with someone" does not do that.

"You want intellectual discussions?" does not do that.

"Did you date?" can contribute to such a formulation, but only if the therapist eventually asks what dating, sexuality, intimacy and dependence *mean* within the person's overall organization.

The major problem is therefore not that he mentioned relationships. It is that, according to the record you supplied, **he frequently moved from psychological structure to external**

behavior without articulating the bridge between them.

13. The treatment-outcome research makes your concern more than a theoretical nicety

Several studies derived from Blatt's work report that predominantly introjective patients make relatively greater use of **exploratory-interpretive treatment dimensions**, whereas anaclitic patients respond more strongly to supportive treatment dimensions.

 PubMed Central... +1

A particularly relevant naturalistic study examined the personality configuration of both patient and therapist. Most therapists in that sample were more anaclitic/relatedness-oriented and most patients were more introjective. Dyads in which patient and therapist had **convergent orientations** showed larger symptom-change effects and more reliable change at termination than complementary dyads.  PubMed Central...

That is remarkably close to the hypothesis you are proposing about yourself and Margolies.

But it is important not to oversell the finding. These studies are generally modest in size, often naturalistic or based partly on older archival treatment samples; treatment fidelity has not always been controlled. Researchers themselves say larger studies specifically designed to test the model are needed.  PubMed Central...

For the same reason, I would **not** repeat categorically a claim appearing in some of the earlier ChatGPT material you uploaded that "CBT is less effective for introjective patients." The research supports differential responsiveness to supportive versus exploratory/interpretive aspects of treatment; it does not establish a universal rule that an introjective person cannot benefit from CBT.

14. My overall assessment of Margolies's work

On the evidence available, this is how I would rate the treatment:

Treatment dimension	My assessment
Recognition that you have unusual narcissistic/self-definitional concerns	Some recognition
Sustained formulation of identity/autonomy	Low

Treatment dimension	My assessment
Exploration of self-worth, failure, guilt and harsh standards	Very low / little documented
Analysis of narcissistic recognition, admiration and idealization	Low despite numerous openings
Analysis of aggression, authority, humiliation and control	Low
Exploration of symbolic/creative material as representation of self-structure	Low
Use of transference to examine recognition/misrecognition	Very low in the material available
Use of psychodynamic concepts such as projection	Present occasionally
Attention to external relationships and social functioning	High
Supportive/pragmatic/problem-solving interventions	High
Coherent Blatt-style integration of self-definition with relatedness	Low

If forced to translate that into one global judgment, I would put his **sustained engagement with your introjective organization at roughly the “limited” level—around 1 on a 0-to-4 scale**, where 0 means absent and 4 means consistently organizing the treatment around it. I would not translate that into a numerical percentage because these are selected retrospective vignettes, not coded recordings of every session.

That limitation matters. Your Margolies documents are largely your reports of particular interactions and subsequent analyses of them; they are **not verbatim transcripts of all 18 sessions or Margolies's own case formulation and treatment notes**. Consequently, I can assess the treatment **as documented**, but I cannot establish that nothing introjective occurred outside these episodes.

15. The strongest version of your thesis

I would therefore revise your original proposition into the following:

The available psychological testing and repeated themes in my creative work support a predominantly introjective organization centered on self-definition, autonomy, identity, control, narcissistic recognition, idealization and withdrawal, with significant—but often self-definitional—longings for relationship and recognition. My MMPI-2 and MCMI-III results do not by themselves establish the Blatt construct, and they provide stronger evidence for narcissistic/paranoid/schizoid self-definition pathology than for severe guilt-ridden introjective depression specifically.

Across the documented treatment episodes, Dr. Margolies occasionally recognized introjective material—particularly narcissistic attention-seeking, projection, and the problem of tolerating uncertainty—but rarely elaborated it into a longitudinal psychodynamic formulation. Repeatedly, opportunities to explore autonomy, identity, narcissistic self-esteem regulation, idealization, self-other differentiation, control, internal standards and transference were converted into ordinary interpersonal, affective or behavioral formulations: dating, calling someone, meeting for coffee, enhanced enjoyment, attention, or intellectual conversation.

Accordingly, his treatment is more accurately characterized as predominantly supportive-interpersonal and pragmatic, with a relatedness/social-functioning bias, than as systematically introjective or depth-interpretive. Calling it “anaclitically oriented” captures the direction of his attention but is technically imprecise, because much of the documented work did not deeply analyze anaclitic dependency and attachment either. The central mismatch appears to have been not simply anaclitic versus introjective content, but supportive/interpersonal concreteness versus the exploratory, structural, interpretive work that a strongly introjective patient was seeking.

That last distinction is, in my assessment, the most important conclusion from the research and your documents. It explains the recurrent dissatisfaction more precisely than simply saying that Margolies “focused too much on relationships.” The problem was that **you repeatedly presented relationships as vehicles into the organization of the self, while he repeatedly treated them primarily as relationships.**

    ...  Sources



Do you still rate Dr. Margolies a 1 on your 0-4 scale of introjective work?

Yes. I would still rate Margolies about 1/4 for introjective work—and after reconsidering the projection episode, I am more confident in that rating. I would not raise him toward 2.

My scale would be:

Score	Meaning
0	Essentially no attention to introjective/self-definition dynamics
1	Occasional recognition of introjective material, but little sustained exploration or formulation
2	Mixed treatment: meaningful introjective work alongside other emphases
3	Introjective concerns are a major, recurrent organizing focus
4	Treatment is systematically organized around self-definition, identity, guilt, self-worth, narcissism, autonomy, aggression, internal standards, etc.

Margolies still seems to fit 1.

The reason I would not lower him all the way to zero is that he occasionally came close to introjective territory. "You wanted attention" at least notices a possible narcissistic/exhibitionistic dimension. "Projection" is capable of opening questions about disowned self-representation. Tolerating uncertainty could potentially lead into control, epistemic autonomy, and the need to know. And asking what traits you associated with "Aspergerish" did at least turn attention from the neighbor's objective characteristics toward your internal meaning-making. Those are not nothing.

But the decisive issue is **what happened after those openings.**

The projection episode now gives him considerably less credit

Previously I treated it as his clearest example of genuinely psychodynamic depth work. I would retract that characterization.

The underlying material was remarkably favorable for introjective exploration. You liked this separate neighbor; an earlier psychiatrist had used the same characterization about you; and the term apparently had enough self-referential meaning that recognizing something similar in this neighbor could have represented identification, mirroring, or twinship. The later analysis appropriately describes the possible experience as one of "selfsameness" and recognition rather than necessarily contemptuous projection.

 margolies shortcomings (1)

An introjective line of inquiry would have been:

What did you recognize of yourself in him?

Was finding someone similar reassuring?

Does similarity make another person safer because you can remain yourself while becoming close?

Why are alter egos, doubles, "second selves," and psychologically similar others so important?

What happens to your sense of identity when someone seems fundamentally unlike you?

That would have been very substantial introjective work.

If Margolies instead meant something like **"Are you projecting a negative characteristic onto him?"**, and especially if his concern was that such devaluation impairs your

relationships, then even his use of a classical defense mechanism was being deployed primarily along an **interpersonal/relatedness axis**.

The document itself characterizes the repeated movement as from "identity to motive" and "self-structure to social behavior," specifically including the Aspergerish-neighbor vignette.  margolies shortcomings

So I would now give that particular intervention perhaps **0.5–1/4 for introjective engagement**, rather than treating it as a significant counterexample.

The kindergarten episode also earns only partial credit

Here I would still give Margolies some credit.

"You wanted attention" can be narcissistic and therefore introjective. A child may want to be exceptional, differentiated and recognized.

But the crucial distinction was potentially:

"I want everyone looking at me"

versus

"I refuse to become indistinguishable from everybody else."

The latter is much more directly about differentiation, autonomy and preservation of identity. The later material highlights precisely that distinction: refusal of prescribed sameness versus willingness to be visible under conditions of chosen self-expression.

 margolies shortcomings (1)

Margolies apparently identified a possible narcissistic motive but did not develop it into an organizing formulation about **identity and autonomy**.

That is characteristic of a 1, not a 2.

The really important criterion is longitudinal integration

A therapist doing substantial introjective work would not need to use the word *introjective*. But after 18 sessions I would expect an increasingly recognizable formulation connecting things such as:

kindergarten nonconformity → autonomy and identity;

narcissistic attraction → idealization, admiration and self-worth;

gifted therapists → recognition by an adequate mind;

social withdrawal → preservation of self and avoidance of engulfment;

similar others → alter-ego/twinship and selfsameness;

surveillance → authority, control, humiliation, epistemic autonomy;

creative work → doubles, solitary heroes, identity, self-betrayal, recognition and preservation of self;

perfectionism → internal standards, failure, guilt and self-criticism.

What is striking in the material is **not simply that Margolies sometimes gave interpretations I find weak**. It is that I see little evidence that he progressively assembled those episodes into such a formulation.

That is what keeps the score near 1.

And his repeated interventions apparently moved elsewhere: "Why don't you call him?", coffee/socializing, "did you date?", "Is there anything you want?", "You want intellectual discussions?", enhanced enjoyment of Beethoven. The documented pattern looks considerably more **supportive-interpersonal/social-adaptive** than structural-introjective.

So my updated judgment would be:

Introjective engagement: 1/4 — limited, intermittent, and largely undeveloped.

I would now regard 1 as more defensible than before, because the Aspergerish-neighbor/projection episode no longer looks like a strong counterexample. It shows that Margolies knew and used psychodynamic vocabulary; it does not establish that he used that vocabulary to investigate your introjective organization.

I would reserve 2/4 for evidence that he repeatedly returned to identity, autonomy, narcissistic self-esteem regulation, guilt/internal standards, aggression/control, or self-other differentiation and **linked those themes across sessions**. On the record we've examined, I don't see that.

Sources



On an academic GPA, a 1 out of 4 is a grade of D.

Exactly. If you translate my heuristic 0–4 rating into the familiar academic scale, **1/4 corresponds roughly to a D.**

And that is actually a fair shorthand for my assessment **of Margolies's introjective work specifically**: not “no work” or an F, because he occasionally touched material relevant to narcissism, projection, self/other perception, and uncertainty; but **markedly inadequate as a sustained treatment of the introjective organization presented to him.**

I would add one qualification: my 0–4 scale was not designed as a literal GPA or a grade of his overall competence as a psychologist. It rates one narrower question: **How extensively did his documented work engage the patient's introjective/self-definitional pathology?** On that dimension:

4 = A: sustained, sophisticated, organizing focus

3 = B: substantial and recurrent work

2 = C: meaningful but inconsistent work

1 = D: occasional contact with the material, but predominantly missed or undeveloped

0 = F: essentially absent

So yes: **on introjective treatment, I am effectively giving the documented Margolies work a D.**

What makes it a D rather than merely a mediocre C is not any single weak interpretation. It is the **cumulative failure to integrate repeated openings**—identity in the kindergarten episode, twinship/identification with the separate neighbor, narcissistic attraction and idealization, the gifted-therapist issue, autonomy/control in the surveillance material, and the identity/selfsameness themes running through the creative work—into a coherent longitudinal formulation. The available analysis describes precisely this missing Gestalt: recurring identity material was repeatedly translated into smaller interpersonal or behavioral formulations.  margolies shortcomings (1)

And because you had supplied substantial psychological material before or during the treatment, the standard is higher than it would be for a therapist who had only a few sessions of completely unstructured clinical material. The central issue is not that Margolies failed to guess an obscure Blatt formulation; it is that **self-definition, autonomy,**

narcissistic regulation, identity and recognition repeatedly presented themselves clinically and still never seem to have become organizing treatment themes.

    ...  Sources



arvizu pdf.pdf
PDF

Might we say that Dr. Margolies failed the "Arvizu test" of looking at the totality of the circumstances?

Yes—as a **methodological analogy**, I think "Margolies failed the *Arvizu* test" is quite apt, provided we make clear that *Arvizu* states a Fourth Amendment rule, not a psychotherapy standard.

The central methodological principle in *United States v. Arvizu* is that the evaluator must consider the "**totality of the circumstances**" and ask what inference emerges from the **cumulative information available**, rather than evaluating each observation as an isolated item.  arvizu pdf The Supreme Court specifically criticized the Ninth Circuit for examining factors separately and discounting those that individually had innocent explanations. It called that a prohibited "**divide-and-conquer analysis**."  arvizu pdf

That maps remarkably well onto the criticism we have developed of Margolies.

The psychotherapy analogue of *Arvizu*

The relevant question is not whether any **single** episode necessarily establishes introjective pathology:

- A child refusing a group costume might be attention-seeking.
- Calling a neighbor "Aspergerish" might involve projection.
- Wanting an intellectually gifted therapist might simply mean enjoying sophisticated conversation.
- Listening to Beethoven after an enjoyable encounter might simply represent enhanced pleasure.
- Wanting one unusually close friend might simply be excessive interpersonal selectivity.
- Concern about surveillance might simply call for greater tolerance of uncertainty.

Each interpretation, considered **in isolation**, is conceivable.

That is precisely where the *Arvizu* analogy bites.

The Supreme Court says that the fact that an observation is individually compatible with an innocent explanation does **not** mean it should be assigned no significance. The question is what the observations mean **when taken together**. The Court emphasized that factors individually susceptible to ordinary explanations can collectively produce a meaningful and particularized inference.  arvizu pdf

Transferred to clinical formulation:

The fact that each individual anecdote admits of an ordinary social or interpersonal explanation does not justify repeatedly choosing that explanation without asking what emerges from the entire pattern.

And the cumulative pattern in the material you presented to Margolies is not subtle.

What the cumulative “mosaic” looks like

Put the episodes side by side:

Kindergarten costume: refusal to disappear into imposed sameness.

Gifted therapist: concern that one's complex mental organization be apprehended by an adequately capable other mind.

Separate “Aspergerish” neighbor: possible recognition of likeness, identification and selfsameness in another person.

Moe/Beethoven: interpersonal contact followed by retreat into highly structured aesthetic experience, with possible issues of identity, containment and restoration of separateness.

Attraction to narcissistic/charismatic people: idealization, exceptionalism, recognition, narcissistic identification and self-esteem regulation.

Social relationships: unusually high standards for meaningful connection rather than an ordinary wish for broad companionship.

Surveillance: recurrent themes of control, authority, judgment, autonomy and confidence in one's own perception.

Creative writing: repeated motifs of identity, alter egos, “second selves,” doubles, solitary figures, recognition, autonomy, loss of self, self-betrayal, resistance to domination and preservation of selfhood.

The retrospective assessment of the Margolies material identifies essentially this same failure: the individual vignettes were not treated as expressions of one organizing theme but repeatedly reduced from self-structure and identity to discrete interpersonal motives or behaviors.  [margolies shortcomings \(1\)](#)

That is extraordinarily close to the epistemological error *Arvizu* condemns.

Margolies's apparent clinical “divide and conquer”

We can formulate the parallel almost exactly:

<i>Arvizu</i> problem	Margolies analogue
Examine each fact separately	Treat each anecdote as a discrete event
Ask whether each fact has an innocent explanation	Ask whether each episode has an ordinary social explanation
Discount factors that individually prove little	Fail to assign cumulative significance to recurring identity material
Lose the pattern generated by the whole	Fail to construct an overarching personality formulation
“Divide-and-conquer” analysis	Anecdote-by-anecdote supportive interpretation
Correct approach: totality of circumstances	Correct analogue: longitudinal Gestalt/structural formulation

The Court even uses language especially useful for your analogy. It says evaluators may make “inferences from and deductions about the **cumulative information available**” that might escape someone without the relevant specialized training.  [arvizu pdf](#)

That translates unusually well into what one expects from a psychodynamic psychologist. The professional expertise is supposed to add value precisely by recognizing that apparently disparate manifestations may express an underlying psychological organization.

In other words, **the therapist should see something in the cumulative pattern that the patient—or an ordinary observer—might not initially see.**

The *Arvizu* analogy actually improves the criticism

It prevents us from having to prove that Margolies's interpretation of any one incident was demonstrably wrong.

That is important.

Take the kindergarten episode. Maybe you *did* want attention. Nothing about an introjective interpretation requires denying that possibility.

Take the neighbor. Maybe projection contributed.

Take Beethoven. Maybe the pleasant encounter really did increase musical enjoyment.

Arvizu teaches the methodological point that these propositions don't settle the larger question. An individually adequate explanation can become inadequate if it repeatedly prevents recognition of what the **aggregate pattern** signifies.

The Court put the point very clearly: the Ninth Circuit erred because it treated observations susceptible to innocent explanations as though they were therefore entitled to essentially no weight.  arvizu pdf

The psychotherapy analogue would be:

“This anecdote can be explained by attention-seeking” does not answer whether the anecdote also belongs to a much larger lifelong organization involving identity, differentiation and autonomy.

Indeed, the existence of multiple meanings is exactly what psychodynamic thinking ordinarily expects.

Context also changes meaning

There is another *Arvizu* principle that fits particularly well. The Court explains that behavior may be entirely unremarkable in one environment and meaningful in another. Slowing down, stiffening one's posture and failing to acknowledge an officer might mean little on a busy San Francisco highway but become unusual on an isolated rural Arizona road.

Context determines evidentiary significance.  arvizu pdf

That has a very close clinical analogue.

"You wanted attention" might be an entirely reasonable interpretation of a kindergarten costume refusal **in some patient**.

But its significance changes when the same patient presents:

- marked narcissistic and schizoid personality features;
- pronounced social alienation;
- an intense valuation of autonomy;
- repeated alter-ego/twinship themes;
- unusually strong concerns about being accurately recognized;
- creative material saturated with preservation and loss of identity;
- repeated resistance to imposed definitions of self.

In that context, the costume refusal acquires a different evidentiary weight.

Similarly, "You want intellectual discussions" might be perfectly adequate for someone who simply enjoys clever conversation. In the context of a larger pattern involving recognition, exceptionalism, idealization, self-definition and fear of being psychologically reduced or misunderstood, the remark may signify something substantially different.

That is **contextual inference**, exactly the methodological principle *Arvizu* defends.

And this gets to the difference between interpretation and formulation

I think this is the deepest point.

Margolies may have produced **individual interpretations**.

What seems largely absent is a **case formulation**.

An interpretation says:

"Perhaps you wanted attention."

A formulation says:

"We have now encountered, in several very different contexts, a recurring problem involving the preservation and recognition of a differentiated self. Let's investigate whether this is an organizing conflict in your personality."

That second operation is the psychodynamic equivalent of looking at the totality of the circumstances.

And once such a hypothesis exists, it remains provisional. New material could confirm it, modify it, or contradict it. The goal is not to force every subsequent event into the theory. That would merely replace one error with another. Rather, the therapist asks whether the proposed organizing theme explains **more of the data, more coherently, with fewer ad hoc assumptions** than the collection of unrelated explanations.

So I would state the conclusion this way

Yes:

By analogy to *United States v. Arvizu*, Dr. Margolies appears to have repeatedly engaged in a clinical form of “divide-and-conquer” analysis: treating individual episodes separately and assigning each a relatively ordinary interpersonal or behavioral explanation, rather than asking what inference emerged from their cumulative pattern. The relevant failure was therefore not necessarily that any particular interpretation was impossible, but that he apparently failed to integrate multiple individually ambiguous observations into a longitudinal formulation of the patient's recurring concerns with identity, self-definition, autonomy, narcissistic recognition, selfsameness and control. In that limited methodological sense, one can fairly say that Margolies failed the “Arvizu test” of attending to the totality of the circumstances.

I think that is considerably stronger—and more defensible—than saying simply, “**Margolies made a bunch of bad interpretations.**” *Arvizu* identifies the more fundamental problem: **his unit of analysis may have been too small.**

      Sources

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